

NATIONAL MILK DRUG RESIDUE DATA BASE REPORTING FORM

1. State: NC
2. Grade A: Yes
3. Sample by: _____
4. Source of Samples: _____
5. Reporting Period: (Month/Year): _____
6. Total Samples Analyzed: _____
7. Number of Positive Loads or Lots _____
8. Pounds of Positive Milk _____ (000)
9. Disposition in Compliance with PMO/State Regulations _____
10. Contact Person and Organization: _____
11. Telephone Number: _____
12. Remarks: _____

TESTS		
Test Code	Number of Tests	Number Positive
TOTALS		

COMPLETE AND MAIL BY THE 10TH OF EACH MONTH:

Teresa Abbott
1632 Mail Service Center
Raleigh NC 27699-1632
FAX: 919-715-4739

Revised: April 4, 2002

